

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE REGULATION
Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXX
001

Petitioner

v

Metropolitan Life Insurance Company
Respondent

File No. 90567-

Issued and entered
this 14th day of August 2008
by Ken Ross
Commissioner

ORDER

I

PROCEDURAL BACKGROUND

On June 24, 2008, XXXXX, on behalf of his minor son XXXXX (Petitioner), filed a request for external review with the Commissioner of Financial and Insurance Regulation under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the information and accepted the request on July 1, 2008.

The case presented a medical question so the Commissioner assigned it to an independent review organization (IRO) which provided its analysis and recommendation to the Commissioner on July 15, 2008.

II

FACTUAL BACKGROUND

The Petitioner has dental care coverage as an eligible dependent under a group plan underwritten by Metropolitan Life Insurance Company (MetLife). His dental benefits are defined in the group policy.

The Petitioner had a composite build-up of four maxillary incisors (teeth #7, #8, #9, and #10) on August 16, 2006. The allowed amount for this service was \$822.00. The Petitioner had primary coverage through Delta Dental which paid the claim at 60% of the allowed amount or \$493.20. A claim was then submitted to MetLife, the secondary carrier, for the balance of \$328.80.

Met Life denied coverage and the Petitioner appealed. After the Petitioner completed the internal grievance process, MetLife maintained its denial and issued a final adverse determination on the "Explanation of Dental Benefits" form dated April 28, 2008.

III ISSUE

Is MetLife correct in denying coverage for the Petitioner's restorations?

IV ANALYSIS

Petitioner's Argument

The Petitioner's father says the restorations were done on the recommendation of the Petitioner's orthodontist and were medically necessary because the Petitioner had a tooth size to arch length discrepancy. Upon completion of the orthodontics, the Petitioner was left with 3mm spaces between teeth #7 through #10 and an unstable dentition. Without these restorations, all of his upper teeth would shift out of place and the orthodontics would have been all for naught.

The Petitioner's orthodontist explained the need for the restorations in a letter dated February 12, 2008:

I recommended composite build up of the central and lateral incisors to compensate for the missing 3 mm in the size of his anterior teeth. This increase in size will stabilize Petitioner's overbite and overjet, prevent future shifting, and maintain his anterior relationship as it was finalized in the orthodontic treatment.

The Petitioner believes that MetLife should cover the restorations as medically necessary for treatment of his condition.

Metropolitan Life Insurance Company's Argument

MetLife says that dental services must be necessary in terms of generally accepted dental standards (as determined by MetLife) in order to be covered. MetLife's dental consultants reviewed the Petitioner's x-rays and concluded that no restorations were needed because the teeth showed no signs of decay or fracture. MetLife therefore declined to cover the claim.

Commissioner's Review

The issue in this case is whether MetLife properly denied coverage for restorative services. MetLife contends that the documentation did not support that the restorations in this case were necessary. The Petitioner believes the restorations were necessary.

To help the Commissioner resolve the medical issue presented by this case, the matter was assigned to an IRO for the recommendation of an expert. The IRO physician reviewer is board certified in periodontology and is familiar with the medical management of patients with the Petitioner's condition.

The IRO reviewer recommended reversing Met Life's denial of coverage. The IRO report said:

The MAXIMUS dentist consultant indicated that the member's orthodontist requested composite bonding (resin fillings) for teeth #7, 8, 9 and 10 due to the tooth size to arch discrepancy of these teeth. The MAXIMUS dentist consultant also indicated that these services were necessary to ensure the stability of the [Petitioner's] orthodontic treatment. In the absence of this treatment, the teeth could have shifted due to the residual spacing and this could have destabilized the orthodontic treatment.

Pursuant to the information set forth above and available documentation, the MAXIMUS dentist consultant determined that the resin fillings that the member received for teeth #7, 8, 9 and 10 on 8/16/06 were medically necessary for treatment of his condition.

The Commissioner is not required in all instances to accept the IRO's recommendation. However, the IRO recommendation is afforded deference by the Commissioner; in a decision to uphold or reverse an adverse determination the Commissioner must cite "the principal reason or reasons why the Commissioner did not follow the assigned independent review organization's

recommendation.” MCL 550.1911(16)(b) The IRO’s analysis is based on extensive expertise and professional judgment. The Commissioner can find no reason why that judgment should be rejected.

The Commissioner finds that the Petitioner’s restorations were medically necessary and finds that MetLife therefore improperly denied coverage under the under the terms of the policy.

V ORDER

The Commissioner reverses Metropolitan Life Insurance Company’s adverse determination of April 28, 2008. MetLife shall approve coverage for the restorations as the secondary carrier according to the terms and conditions of the Petitioner’s group policy. MetLife shall approve coverage within sixty days and provide the Commissioner proof it implemented the Commissioner’s Order within seven days of the implementation.

To enforce this Order, the Petitioner must report any complaint regarding the implementation of this Order to the Office of Financial and Insurance Regulation, Health Plans Division, toll free 877-999-6442.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.